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Introduction

This manual when used with,

1. Chin, James, ed. Control of Communicable Diseases Manual, 17th ed. Washington, D.C.: APHA, 2000.
and / or the
2. American Academy of Pediatrics. In: Pickering L., ed. 2000 Red Book: Report of the Committee on Infectious Diseases. 25th ed. Elk Grove Village, IL. 2000.

is intended to provide health care professionals working in public or private health agencies with a quick reference summarizing the basic information and techniques currently being utilized in the management, prevention and control of certain communicable diseases.

The Missouri Department of Health and Senior Services, Division of Environmental Health and Communicable Disease Prevention is comprised of:

- ❖ Section for Communicable Disease Prevention
- ❖ Section for Environmental Public Health
- ❖ Office of Surveillance
- ❖ Office of Operations and Fiscal Services

Each Section/Office provides critical services aimed at:

- **Goal 1**→Protecting the Health of Missouri's Children.
- **Goal 2**→Preventing or Controlling Communicable Diseases.
- **Goal 3**→Reducing the Burden of Chronic Diseases.
- **Goal 4**→Safeguarding the Public.


The Section for Communicable Disease Prevention is comprised of:

- ❖ Disease Investigation Unit
- ❖ Prevention and Care Programs
- ❖ Fiscal and Operations Unit

The Section for Communicable Disease Prevention works closely with the Local Public Health Agencies to reach these goals. The Section for Communicable Disease Prevention provides essential functions within the public health system. These essential functions are assessment, assurance, policy development and planning.

For comprehensive information regarding the Division of Environmental Health and Communicable Disease Prevention, visit our website at:

<http://www.dhss.state.mo.us/ehcdp/index.html>

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The Roles and Responsibilities of Public Health in the Control of Communicable Diseases

Protection of our communities from the threats of uncontrolled communicable diseases is an essential responsibility of the entire public health system at the local, state and federal level. Communities face threats to its health from many sources. Loss of control over toxic substances, pollution of our water and air, accidents within our transportation system among others all represent threats. No threat however, is of greater concern than that of a disease organism that is out of control and affecting people.

Controlling disease is not a simple matter, as any practitioner of public health will tell you. It involves simple, yet complex organisms that can impact the human body in many ways and from many paths. It is a subtle organism that can transform itself to meet new environments or to face threats from tools used to control it, like antibiotics. Add to this, the many ways the human body can be infected through lifestyles, environment, associations, etc. and you have the potential public problem of immense proportions.

Since the beginning of the practice of public health, the control of communicable disease has followed some fairly basic principles; detection, identification and intervention. While the tools to battle disease have become more complex and effective, the basic human factors have not. People still eat unhealthy food, have unhealthy habits, congregate in unhealthy groups and have lapses in the basic principles of protecting themselves from these simple, yet complex organisms.

Over the past few decades, disease control has become categorical. Disease programs such as tuberculosis, sexually transmitted diseases, HIV/AIDS, immunizable diseases, etc. have been separately addressed, principally through federal funding initiatives. Great strides have been made as a result of this programming at all levels of government; local, state and federal. As these categorical programs have developed however, the common factors of control have, in many cases, become “siloeed” into specific programs. This has resulted in effective control programs within disease categories but with a potential of less effective control when new diseases begin to emerge or when comparisons between disease entities are needed.

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Missouri has initiated a new basic way of doing its public health business. Starting in 1995 and following the lead of the national Institute of Medicine (IOM), Missouri has begun the implementation of a functional approach to the practice of public health. In its 1988 report¹, *The Future of Public Health*, the Institute had proposed that public health needed a new look and approach to carrying out of its public obligations. It proposed that there are three basic functions that need to be in place before a public health agency can truly meet its responsibilities. These functions were described as assessment, policy development and assurance.

In 1995, the director of the Missouri Department of Health appointed a 25 member task force to develop a report which would describe the future practice of public health as it would relate to Missouri. This task force actively studied the IOM report, information from other states, work from the Centers for Disease Control and other ongoing work. They issued their report² to the director of Health in December of 1995.

In their report, the task force adopted the three core functions described in the IOM report. They also divided the three functions into 14 separate elements, 47 key activities and 219 capacities that would need to be in place to carry out these significant functional responsibilities.


After acceptance of their report by the state Health Director, a series of surveys and workgroups has further defined these 219 capacities into precise local and state roles that need to be developed or enhanced. The 1997 report, *Defining Public Health for Missouri*,³ outlines these local and state roles as well as describes the process that has taken place to develop the Missouri model for core functions.

The Missouri model does not directly contain programmatic terminology. The model is based on functional capacities (roles) that need to be in place for any program to be effective. For example, to carry out the Assessment function, it is essential that a program has the ability to collect accurate, timely and appropriate data; have the ability to professionally analyze that data; and the capacity to disseminate; and manage the data appropriately.

¹ *The Future of Public Health*, Institute of Medicine, Committee for the Study of the Future of Public Health, Division of Health Care Services, National Academy Press, Washington DC, 1988

² *Defining the Basic Responsibilities of Public Health for Missouri*, Missouri Department of Health, December 1995.

³ *Defining Public Health for Missouri*, Missouri Department of Health. February 1997

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On the following pages is an application of this functional approach to the control of communicable diseases. It lists the elements, key activities and local/state roles that would be applicable. The first section in Assessment is labeled as to the various levels of the model (**Core Function**, **Principal Element**, *Key Activity*, **Local/State Roles**). While there are additional roles that apply, those listed are the most primary for this program.

How Core Public Health Functions Apply to The Control of Communicable Diseases

Assessment (core function)

1. Collecting Data (Principal Element)



A *Develop and maintain systems for collecting vital records, community and demographic data that characterize the health of the population, conditions that affect health, and the health system. (Key Activity)*




Local Roles



State Roles

③ Collect local reports on morbidity mortality and disease reports from within the local jurisdiction.

④ Collect and compile reports from local jurisdictions on morbidity and mortality occurrences


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B *Develop and maintain a state-wide disease surveillance system and conduct active surveillance for specific diseases and health conditions.*

↓	→	Local Roles	↔	State Roles
		<ul style="list-style-type: none"> ❶ Collect reports of laboratory confirmed diseases or conditions occurring in the community. ❷ Collect disease surveillance reports from community health care sentinel system. ❸ Collect and track reports on disease outbreaks occurring within the local community 		<ul style="list-style-type: none"> ❶ Collect statewide reports on laboratory confirmed disease or health conditions. ❷ Collect and compile statewide data from local health care sentinel reporting system ❸ Collect and compile data on local disease outbreaks. ❹ Maintain disease and trauma registries. ❾ Maintain data gained from disease specific registries (e.g., cancer, tuberculosis, etc.).

C *Design and conduct other assessment activities and studies to ascertain biological and behavioral risk factors for diseases; health conditions; and health consequences of occupational and environmental exposures.*

↓	→	Local Roles	↔	State Roles
		<ul style="list-style-type: none"> ❸ Compile data from local investigations of disease outbreaks. ❷ Receive and compile health data from local institutional reporting (e.g., schools, daycare centers, correctional facilities, senior citizens centers, headstarts, etc.). 		<ul style="list-style-type: none"> ❸ Compile data from investigations of disease outbreaks conducted by local agencies. ❸ Receive and compile health data from statewide institutional reporting from local or other state agencies including; schools, daycare centers, correctional facilities, senior citizens centers, headstarts, and licensed/regulated facilities among others.

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2. Analyzing Data



A *Determine health status.*



Local Roles



State Roles

- ❶ Identify local populations at risk for adverse health conditions.
- ❷ Identify the most significant community health risks.

- ❶ Identify statewide populations at risk for adverse health conditions using local and other data.
- ❷ Identify the most significant community and statewide health risks.

B *Identify and assess trends*




Local Roles



State Roles

- ❶ Analyze incidence and prevalence rates for most significant conditions affecting jurisdiction.
- ❸ Compare local data to other jurisdictions (e.g., local to state, local to local, etc.).

- ❶ Analyze statewide incidence and prevalence rates for most significant conditions affecting the state and all its communities.
- ❸ Compare statewide data to other jurisdictions (e.g., state to state, state to local, state to federal).

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3. Disseminating Data



A *Report results of analysis to appropriate audiences, including state/local health care providers.*



Local Roles



State Roles

- | | |
|---|---|
| <ul style="list-style-type: none"> ❶ Identify key local health messages from the data analysis. ❷ Identify appropriate local audiences (e.g., boards, county commissions, city councils, local providers, health care facilities, social agencies, etc. ❸ Inform targeted local audiences through available appropriate media or meetings. | <ul style="list-style-type: none"> ❶ Identify key statewide health messages from data analysis ❷ Identify appropriate statewide audiences (e.g., General Assembly, state administration, health care provider associations, professional groups, local health agencies, etc.). ❸ Convey messages to targeted audiences through appropriate media and/ or meetings. |
|---|---|

B *Respond to requests for information.*




Local Roles



State Roles

- | | |
|--|---|
| <ul style="list-style-type: none"> ❷ Maintain local data analysis and information in data bases that would allow individual response to requests from local public and officials. | <ul style="list-style-type: none"> ❷ Maintain data bases that allow individual or specialized responses. |
|--|---|

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Policy Development

6. Formulating and Analyzing Health Policy



A *Review policies and procedures within the existing legal scope of authority.*



Local Roles



State Roles

- ⑤ Develop and use policies dealing with disease or condition specific situations.

- ⑤ Develop and use policies dealing with disease or condition specific situations.

C *Identify community (state) and agency resources.*



Local Roles



State Roles

- ① Review community/coalition assessment(s) of available resources within community.
- ② Determine current level of resources within agency.
- ③ Determine level and availability of resources from outside the local community.

- ① Review assessment(s) of available resources within state.
- ② Determine current level of resources within agency.
- ③ Review other statewide assessments to determine potential resources.
- ④ Determine level and availability of resources from higher levels of authority/jurisdiction.

8. Implementing Effective Public Health Policies



A *Translate adopted policies into operating program procedures*



Local Roles




State Roles

- ③ Adopt or develop procedure manual or operating procedures for staff implementation.

- ③ Develop procedure manuals or operating procedures for staff implementation

Assurance

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10. Protecting the Health of Missouri Citizens



B *Assure the competence of individuals whose activities can affect the health of the public who are not otherwise licensed or monitored by the state.*



Local Roles



State Roles

- ❶ Use appropriate educational tools to teach principles of public health and basic hygiene techniques.
- ❸ Conduct periodic educational updates on principles of disease transmission

- ❶ Use appropriate educational tools to teach principles of public health and basic hygiene techniques.
- ❸ Conduct periodic educational updates on principles of disease transmission

C *Maintain expertise adequate to carry out local & state health protection activities.*




Local Roles



State Roles

- ❶ Attend professional training for conducting disease and outbreak investigations
- ❺ Use appropriate educational tools to teach principles of public health and hygiene techniques.
- ❷ Conduct or attend periodic education updates on principles of disease transmission

- ❶ Conduct professional training for conducting disease and outbreak investigations
- ❺ Use appropriate educational tools to teach principles of public health and basic hygiene techniques.
- ❷ Provide periodic education updates on principles of disease transmission

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11. Preventing the Occurrence of Diseases in Missouri



A Conduct disease surveillance and control activities in accordance with laws, regulations, and guidelines.



Local Roles



State Roles

- | | |
|--|--|
| <ul style="list-style-type: none"> ❶ Conduct prompt investigations of known disease and illness outbreaks in the community(ies) ❸ Implement local control measures for illnesses, diseases and injuries. | <ul style="list-style-type: none"> ❶ Conduct or assist local agencies in investigations of known outbreaks, as appropriate. ❸ Implement local control measures for illnesses, diseases and injuries. |
|--|--|

C Assure laboratory capacity for public health purposes.




Local Roles



State Roles

- | | |
|---|---|
| <ul style="list-style-type: none"> ❶ Provide professional laboratory services to analyze public health samples. <u>(if feasible)</u> ❷ Advise promptly when local laboratory analysis indicates potential problem(s). ❸ Refer to other laboratory services as necessary and appropriate. | <ul style="list-style-type: none"> ❶ Provide professional laboratory services to analyze public health samples ❷ Advise public health agencies promptly when laboratory analysis indicates potential problem(s) ❸ Refer to other laboratory services as necessary and appropriate. ❹ Provide technical assistance/consultation to other laboratories regarding analysis of public health samples. |
|---|---|

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14. Assisting Missourians to Access Health Care



A *Assure populations have access to personal health and safety services.*



Local Roles



State Roles

- ❶ Promote the utilization of existing local services.
- ❷ Provide services, refer for services, or arrange for local services that are appropriate to meet local needs.

- ❶ Promote the utilization of existing health care services in Missouri.
- ❷ Provide services, refer for services, or arrange for services that are appropriate to meet state needs.

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

Division of Environmental Health & Communicable Disease Prevention

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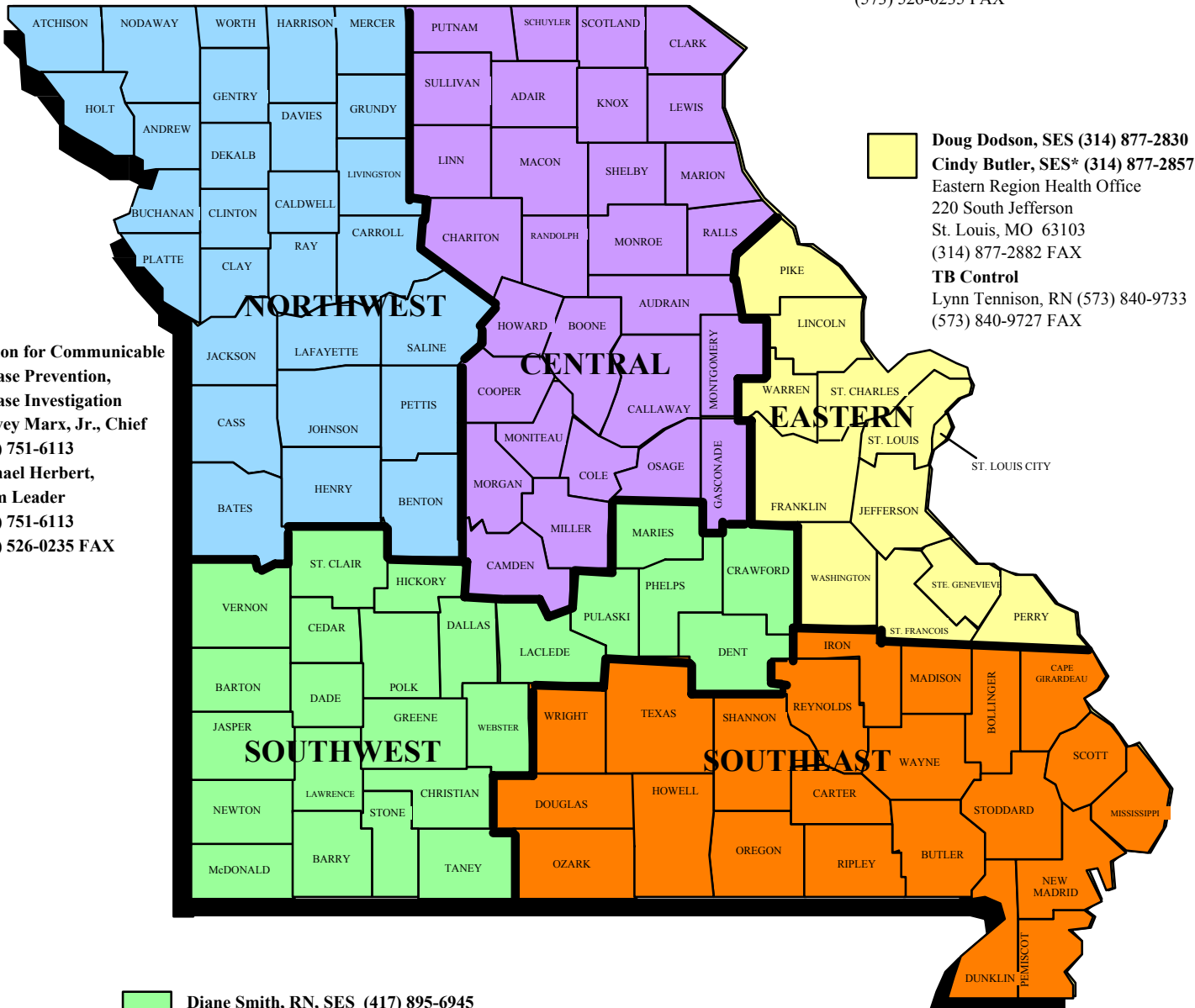
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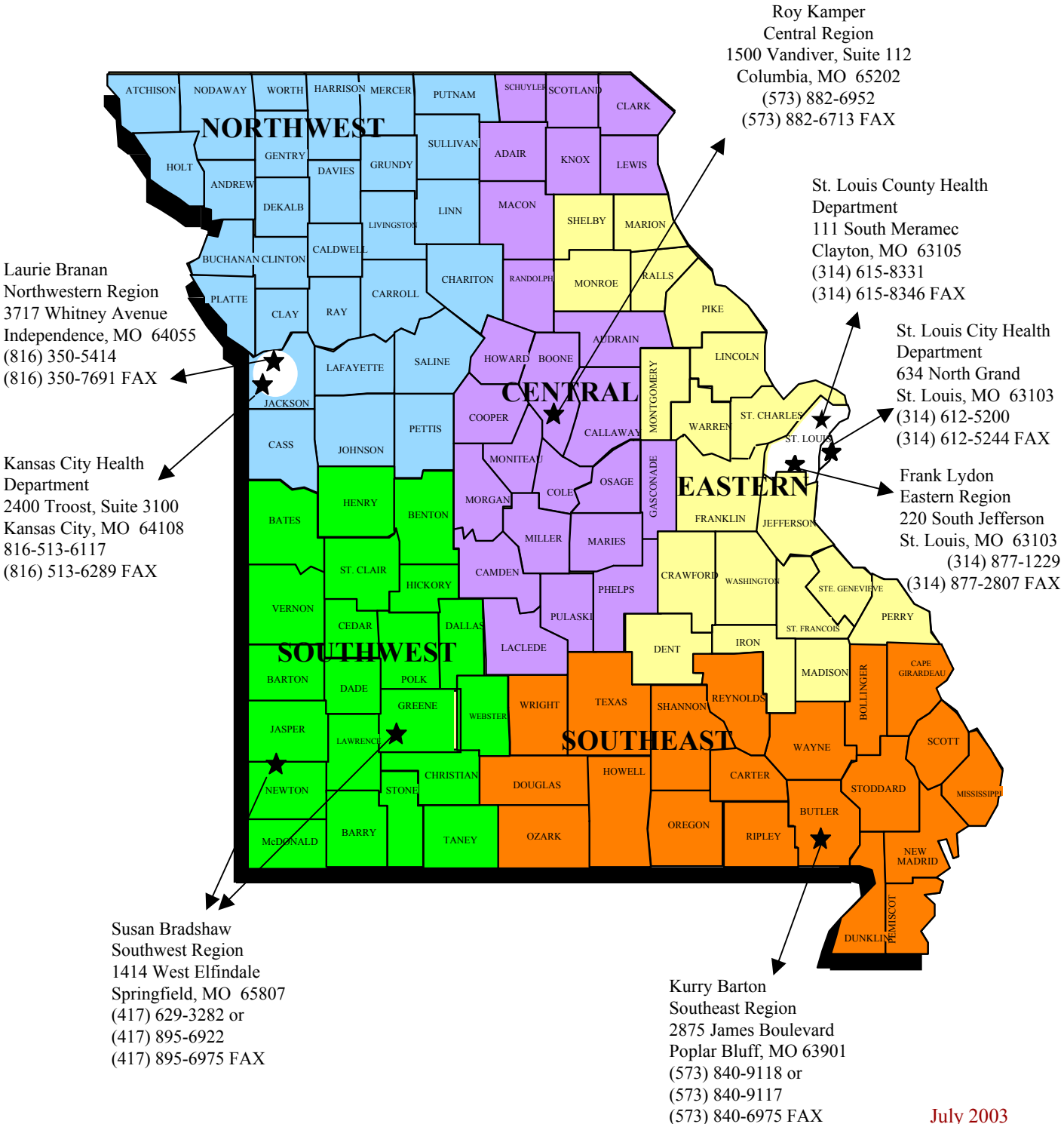
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

2003-04 MISSOURI STD/HIV DISEASE INTERVENTION PROGRAM JURISDICTIONS



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Disclaimer

In clinical practice, certain circumstances and individual cases require professional judgment beyond the scope of this manual. Practitioners and users of this manual should not limit their judgment on the management and control of communicable disease to this publication and are well advised to review the references contained in each bibliography and remain informed of new developments and resulting changes in recommendations on communicable disease prevention and control.